

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER
2015 APR 24 AM 9:47

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

INDIANA REPUBLICAN ASSEMBLY SUPER PAC

ADDRESS (number and street)

PO Box 721

☐ Check if different than previously reported. (ACC)

BEECH GROVE

IN

46107

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00522474

3. IS THIS REPORT

☒ NEW (N)

OR

☐ AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☒ April 15 Quarterly Report (Q1)
☐ July 15 Quarterly Report (Q2)
☐ October 15 Quarterly Report (Q3)
☐ January 31 Year-End Report (YE)
☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
☐ Termination Report (TER)

(b) Monthly Report Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)
☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
☐ Convention (12C) ☐ Special (12S)

Election on

MM / DD / YYYY

in the State of

(d) 30-Day POST-Election Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

MM / DD / YYYY

in the State of

5. Covering Period

01 / 01 / 2015

through

03 / 31 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

J D MINER

Signature of Treasurer

J D Miner

Date

04 / 13 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

INDIANA REPUBLICAN ASSEMBLY SUPER PAC

Report Covering the Period:

From:

01' 01' 2015

To:

03' 31' 2015

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand
January 1, 2013

0

(b) Cash on Hand at
Beginning of Reporting Period.....

0

(c) Total Receipts (from Line 19)

219.00

219.00

(d) Subtotal (add Lines 6(b) and
6(c) for Column A and Lines
6(a) and 6(c) for Column B)

219.00

219.00

7. Total Disbursements (from Line 31)

21899

21899

8. Cash on Hand at Close of
Reporting Period
(subtract Line 7 from Line 6(d))

01

01

9. Debts and Obligations Owed **TO**
the Committee (Itemize all on
Schedule C and/or Schedule D)

10. Debts and Obligations Owed **BY**
the Committee (Itemize all on
Schedule C and/or Schedule D)

18843.72



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

INDIANA REPUBLICAN ASSEMBLY SUPER PAC

Report Covering the Period:

From:

01/01/2013

To:

03/31/2013

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other
Than Political Committees

(i) Itemized (use Schedule A).....

(ii) Unitemized.....

(iii) TOTAL (add
Lines 11(a)(i) and (ii).....▶

(b) Political Party Committees.....

(c) Other Political Committees
(such as PACs).....

(d) Total Contributions (add Lines
11(a)(iii), (b), and (c)) (Carry
Totals to Line 33, page 5).....▶

12. Transfers From Affiliated/Other
Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures
(Refunds, Rebates, etc.)
(Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made
to Federal Candidates and Other
Political Committees.....

17. Other Federal Receipts
(Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds
(a) Non-Federal Account
(from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c)).....▶

20. Total Federal Receipts
(subtract Line 18(c) from Line 19).....▶

219.00

219.00

219.00

219.00

219.00

219.00

219.00

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219.00

219.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

INDIANA REPUBLICAN ASSEMBLY SUPER PAC

Full Name (Last, First, Middle Initial)

A.

Date of Disbursement

WALMART

02/02/2015

Mailing Address

4650 S EMERSON AVE

City

State

Zip Code

INDIANAPOLIS IN 46203

Purpose of Disbursement

OFFICE SUPPLIES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1209

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

CLICIS

02/09/2015

Mailing Address

3652 S EAST ST

City

State

Zip Code

INDIANAPOLIS IN 46227

Purpose of Disbursement

MEALS

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

992

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

SPEEDWAY

02/11/2015

Mailing Address

105 CHURCHMAN AVE

City

State

Zip Code

BEECH GROVE IN 46107

Purpose of Disbursement

GAS BTRLY

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

7108

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

9309

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

INDIANA REPUBLICAN ASSEMBLY SUPER PAC

Full Name (Last, First, Middle Initial)

A.

GODADDY

Date of Disbursement

02/19/2015

Mailing Address

1455 N HAYDEN ROAD

City

SCOTTSDALE

State

AZ

Zip Code

85260

Purpose of Disbursement

WEBSITE

Candidate Name

Amount of Each Disbursement this Period

999

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B.

INRA

Date of Disbursement

02/25/2015

Mailing Address

PO BOX 721

City

BEECH GROVE

State

IN

Zip Code

46007

Purpose of Disbursement

ADMIN SUPPORT

Candidate Name

Amount of Each Disbursement this Period

7000

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

USPS

Date of Disbursement

03/31/2015

Mailing Address

202 MAIN ST

City

BEECH GROVE

State

IN

Zip Code

46007

Purpose of Disbursement

POSTAGE

Candidate Name

Amount of Each Disbursement this Period

4091

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

12090

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE OF	
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

INDIANA REPUBLICAN ASSEMBLY SUPER PAC

Full Name (Last, First, Middle Initial)

A.

REGIONS BANK

Mailing Address

3020 S EMERSON

City

BEECH GRAVE

State

IN

Zip Code

46007

Purpose of Disbursement

FEES

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

03 / 31 / 2015

Amount of Each Disbursement this Period

500

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

500

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE OF
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

INDIANA REPUBLICAN ASSEMBLY SUPER PAC

LOAN SOURCE Full Name (Last, First, Middle Initial)

MOORE, JENNIE

Election:

☐ Primary
☒ General
☐ Other (specify) ▼

Mailing Address

704 LANTERN RD

City INDIANAPOLIS State IN ZIP Code 46256

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

11,000.00

11,000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

11/15/2012 12/31/2015

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount

Guaranteed

Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount

Guaranteed

Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount

Guaranteed

Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount

Guaranteed

Outstanding:

SUBTOTALS This Period This Page (optional) ▶

TOTALS This Period (last page in this line only) ▶

11,000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE OF
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

INDIANA REPUBLICAN ASSEMBLY SUPER PAC

LOAN SOURCE Full Name (Last, First, Middle Initial)

GEORGE HERMS

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address

259 GLOVE CIRCLE

City NORFOLK

State IN

ZIP Code

46062

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

800.00

800.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

03

2013

06

30

2015

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

SUBTOTALS This Period This Page (optional) ▶

TOTALS This Period (last page in this line only) ▶

800.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

1503-142-1763

SCHEDULE C (FEC Form 3X)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE OF
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

INDIANA REPUBLICAN ASSEMBLY SUPER PAC

LOAN SOURCE Full Name (Last, First, Middle Initial)

BROWN, DONNA M

Election:

☐ Primary
☒ General
☐ Other (specify) ▼

Mailing Address

5120 PORT AU PRINCE APT B

City INDIANAPOLIS State IN ZIP Code 46224

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

700000

117233

582767

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

06

20

2013

07

01

2016

% (apr)

☒ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)

TOTALS This Period (last page in this line only)

582767

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE OF
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

INDIANA REPUBLICAN ASSEMBLY SUPER PAC

LOAN SOURCE Full Name (Last, First, Middle Initial)

BROWN, DONNA M.

Election:

☐ Primary
☒ General
☐ Other (specify) ▼

Mailing Address

5720 PORT AV PRINCE, APT B

City INDIANAPOLIS

State IN

ZIP Code 46224

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1500.00

600.00

900.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

09/23/2013

09/23/2016

% (apr)

☒ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional) ▶

TOTALS This Period (last page in this line only) ▶

900.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE OF

FOR LINE NUMBER:
(check only one)

9
10

NAME OF COMMITTEE (In Full)

INDIANA REPUBLICAN ASSEMBLY SUPER PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

HUNTINGTON (FIRST DATA)

DATA TERMINAL
TRANSFER FEES

Mailing Address

3805 S EMERSON AVE

City State

INDIANAPOLIS IN Zip Code 46203

Outstanding Balance Beginning This Period

316.08

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

316.08

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ►

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

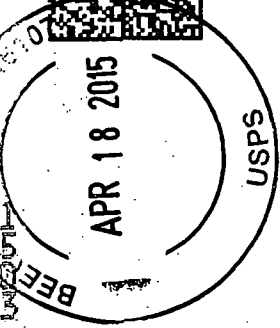
316.08

18,527.67

18,843.75

PO BOX 721
BEECH GROVE, IN 46007

UNITED STATES POSTAGE




UNITED STATES POSTAGE
PITNEY BOWES
\$001.75
02 1P
0000543957 APR 13 20
MAILED FROM ZIP CODE 46007

FEDERAL ELECTION COMMISSION
999 E STREET, NW
WASHINGTON, DC 20463

RECEIVED
FEC MAIL CENTER
2015 APR 24 AM 9:46



Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 4/18/15
	Date of Receipt 4/24/15
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER (3/2015)	4/24/15 DATE PREPARED

DOCUMENT INCOMING